

POSITION	INITIALS	ID NO.	DATE
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**FEE DETERMINATION**  
**O.I.P.E. CLASSIFIER**  
**FORMALITY REVIEW**  
**RESPONSE FORMALITY REVIEW**

RH

60173

4/17/62

**INDEX OF CLAIMS**

✓ Rejected  
= Allowed  
— (Through numeral)  
? Restricted

N  
A  
R  
P

Claim No.	Date	Claim No.	Date
1	4/17/62	1	4/17/62
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If more than 150 claims or 10 acts  
staple additional sheet here